

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

ESTATE OF F [REDACTED] R [REDACTED], et al.,
Plaintiffs,
vs.
COUNTY OF YUBA, et al.,
Defendants.

Case No.

**DECLARATION OF LORI ROSILES
RE: CAL. CODE CIV. PROC. § 377.32**

I, Lori Rosiles, do declare and say:

1. I submit the following declaration concerning my status as a successor-in-interest to F [REDACTED] R [REDACTED], pursuant to section 377.32 of the California Code of Civil Procedure.

2. F [REDACTED] R [REDACTED] was born on [REDACTED], 2012, in the County of Yuba, California.

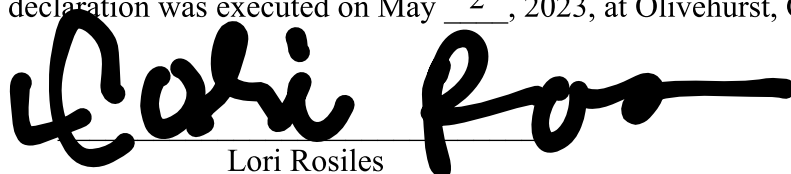
3. No proceeding is now pending in California for administration of the estate of F [REDACTED] R [REDACTED]

4. I am a successor-in-interest to F [REDACTED] R [REDACTED] (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological mother of F [REDACTED] R [REDACTED]

5. No other person has a superior right to commence this action or proceeding, or to be substituted for F [REDACTED] R [REDACTED] in this pending action or proceeding.

6. A true and correct copy of the death certificate of F [REDACTED] R [REDACTED] is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on May 2, 2023, at Olivehurst, California.


Lori Rosiles

COUNTY of YUBA

MARYSVILLE, CALIFORNIA

3052023033323

CERTIFICATE OF DEATH

3202358000110

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
F. [REDACTED]		R. [REDACTED]	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy	
[REDACTED]		[REDACTED] 2012	
5. AGE Yrs.		6. SEX	
10		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. DATE OF DEATH mm/dd/ccyy	
04		02/05/2023	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input checked="" type="checkbox"/> YES MEXICAN		<input type="checkbox"/> NO AMERICAN INDIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
NEVER WORKED		-	
19. YEARS IN OCCUPATION		-	
20. DECEDENT'S RESIDENCE (Street and number, or location)		[REDACTED]	
21. CITY		22. COUNTY/PROVINCE	
OLIVEHURST		YUBA	
23. ZIP CODE		24. YEARS IN COUNTY	
95961		10	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
LORI DENELLE ROSILES, MOTHER		[REDACTED] OLIVEHURST, CA 95961	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE	
-		-	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
-		FRANK	
32. MIDDLE		33. LAST	
RENE		ROSILES, SR	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
CA		LORI	
36. MIDDLE		37. LAST (BIRTH NAME)	
DENELLE		HOFFMAN	
38. BIRTH STATE		CA	
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION	
02/24/2023		SIERRA VIEW MEMORIAL PARK	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
BURIAL		[REDACTED] SONJA YVONNE NIX	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB9156		ULLREY MEMORIAL CHAPEL INC	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD784		[REDACTED] NGOC-PHUONG LUU, MD, MHS	
47. DATE mm/dd/ccyy		48. SIGNATURE OF LOCAL REGISTRAR	
02/17/2023		[REDACTED]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
ADVENTIST HEALTH AND RIDEOUT		<input type="checkbox"/> IP <input checked="" type="checkbox"/> EVOP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
YUBA		726 4TH ST	
106. CITY		107. CAUSE OF DEATH	
MARYSVILLE		Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. SHOPPY PERFORMED?	
(AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. ALTOUSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
(CT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(DT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
NONE		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		[REDACTED]	
116. LICENSE NUMBER		117. DATE mm/dd/ccyy	
[REDACTED]		[REDACTED]	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		[REDACTED]	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/ccyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		02/05/2023	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
1941 EST		HOME	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
SUBJECT WAS SHOT WITH A HANDGUN		FRIEND'S RESIDENCE	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy	
[REDACTED] KAITLYN MORTON		02/08/2023	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
KAITLYN MORTON, DEP CORONER		KAITLYN MORTON, DEP CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	



000081745

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF YUBAThis is a true and exact reproduction of the document officially registered
and placed on file in the office of the YUBA COUNTY CLERK-RECORDER.

DATE ISSUED

MAY 03 2023

This copy is not valid unless prepared on engraved border, displaying the date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Donna Hillegass
DONNA HILLEGASS
YUBA COUNTY CLERK-RECORDER

CAYUBA--02